

**Medicaid Outpatient Drugs Coverage
Excluded Drug Coverage Information By State
January 1, 2006**

NEBRASKA

DESCRIPTION

This chart provides information on excluded drug coverage for this State. If additional information is required, please see the address for the State Medicaid's website.

MEDICAID ELIGIBILITY

This State provides coverage for the Categorically Needy and Medically Needy.

EXCLUDED DRUG COVERAGE

Drugs when used for anorexia, weight loss, weight gain

Some

Limited coverage for weight gain (e.g. megestrol)

Drugs when used to promote fertility

None

Drugs when used for cosmetic purposes or hair growth

None

Drugs when used for the symptomatic relief of cough and colds

All

Prescription vitamins and mineral products

All

Nonprescription drugs (Over-the-Counter)

Some

Limited coverage (e.g., generic versions of analgesics like acetaminophen, generic versions of stool softeners like docusate)

Barbiturates (drugs used before surgery to relieve anxiety or tension, to help control seizures in certain disorders or diseases, sometimes used to relieve nervousness or restlessness during the daytime)

All

Benzodiazepines (drugs used to relieve anxiety, treat insomnia (trouble in sleeping), or help relax muscles or relieve muscle spasms)

Some

Generic versions only

Smoking Cessation (except dual eligibles as Part D will cover)

None

STATE WEBSITE

<http://www.hhs.state.ne.us/med/pharm/covered.asp>